

PSYCHICAL FORM OF EPILEPTIC EQUIVALENT.

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It is not uncommon to note in the course of epilepsy of long duration that the convulsive attack is preceded, followed or accompanied by psychical disturbance. This may occur as mania, dementia, melancholia, periodical insanity, or paranoia, which in turn may not infrequently be associated with homicidal tendencies or other impulsive acts.

It is of the utmost importance to know that these insanities occur, for their recognition and diagnosis in medico-legal cases are of value.

We recall the homicidal tendencies in an epileptic patient at the Buffalo State Hospital who became very violent in one of these psychical conditions, and at one time made a homicidal attempt on his attending physician with a large bread knife obtained from the diet kitchen. This man had lucid intervals, and having charged the management of the hospital with confining him, a sane individual against his will and consent, was taken through *habeas corpus* proceedings to court, where unfortunately for his case, he was seized with another violent maniacal attack in which he threatened bodily injury to the judge.

So also the case of Sadie Mc.,¹ an epileptic, sent to the hospital as a criminal prisoner by the court. The case caused wide-spread interest by reason of the heinousness of her offense. The patient was a children's maid, and in a mental paroxysm having a delusion in regard to her mistress, she threw two children from a considerable elevation off a bridge killing one. This case was interpreted from the evidence as one of epileptic insanity.

¹"The People vs. Sadie McMullen, a Medico-Legal Case." William C. Krauss; Journal of Nervous and Mental Disease, July, 1891, p. 416.

In these cases we have very good examples of a sudden insanity added to an epilepsy which was recognised by its hereditary tendencies and its symptoms, following a trauma or occurring idiopathically. They belong to the group of post-epileptic insanity.

Falret has described the intellectual *petit mal* with semi-consciousness and confused memory; in which it is difficult to enlist the attention. These patients leave home suddenly and wander aimlessly. During such attacks, which may vary from a few hours to a few days, such a person loses his self-consciousness, and may do some impulsive act, commit murder, or incendiarism, steal, expose his person, or commit other indecent acts.

According to Féré² the psychical seizures may replace the convulsive attack, or may occur independently of any convulsive attack and are to be regarded as psychical equivalents.

Robert Louis Stevenson in his wonderful character study of Dr. Jeckyl and Mr. Hyde must have had this type of epileptic in mind.

Many of these acts are complex and are carried out with a great deal of reason and often with much cunning, as witness the case reported by Lesigne and Legrand du Saulle, of a patient who took passage at Havre and did not regain his normal consciousness until he arrived at Bombay.

A case worthy of notice which from our observation and that of our colleague Dr. James W. Putnam belongs to this class of psychical equivalent of an epileptic paroxysm is the following:

B. C.— was found by the Buffalo police aimlessly wandering through the streets of Buffalo. He was taken to the station house, but was unable to answer any of the questions pertaining to himself. At the request of the police a physician examined him, and advised his removal to the hospital, suggesting that he might be suffering from a temporary insanity following influenza, which was then prevalent.

He was taken to the Buffalo General Hospital, service of Dr. Cary. He could not remember his name nor that of his

²"Twentieth Century Practice of Medicine," pp. 603-606.

friends, and exhibited a complete amnesia. When asked his name he would think intently and answer: "I cannot remember, the papers in my pocket will tell who I am. I have such a pain in my head." He would accompany this remark by raising his hand to his head.

He would speak occasionally of the Senator, but when asked the name of the Senator would reply that he lived but three doors from his home. He would ask for his wife, but was unable to give her name. If questioned, he apparently heard the words but could not obtain their meaning, and he reminded us much of a case of amnesic aphasia. He asked for a cigarette, and being given one with a match made no effort to smoke it. His pocket-book contained considerable money and a check, and by reason of papers found the identity of the patient became known to us. He thought that he was in Roosevelt's Hospital, New York. The finding of the patient's money and valuables excluded any supposition that he had been drugged and robbed, and no symptoms of drugs were obtained.

The skull was examined for evidence of fracture or other violent traumatism with negative result.

The pupils were slightly irregular but responded readily to light. There was no paralysis or paresis of any muscles supplied by the cranial nerves, nor was there paralysis or paresis of the extremities.

There was some hyperesthesia especially marked about the head, but no other symptoms were present suggesting meningitis, brain growth, or cortical irritation. The kneejerks were exaggerated. The bladder and rectum were normal. Temperature, pulse and respiration were quite normal; urinalysis was negative. The thoracic and visceral organs gave negative findings.

Every condition was excluded except either a possible epilepsy or cerebral syphilis. No drugs were given and it was anticipated that his sensorium would eventually become clear.

He remained in this condition from his admittance, January 6, 1901, to the evening of Wednesday, January 9. During this time the patient was repeatedly examined and questioned as to his history but with no avail. Wednesday evening the patient noticed that one of the electric lights in his room had a shade while the others had none. He then for the first time remarked to the nurse that he was in a strange room, and that he did not understand how he happened there.

He gradually recovered his memory to the preceding Friday, *i.e.*, there was total amnesia from Friday noon until the following Wednesday evening. Having regained his consciousness the following history was obtained:

B. C., 28, contractor, born in the United States, married.

Family history:—Father died when 56 years old as a result of a paralytic stroke. A grandfather on father's side was a college professor, and lived to be 102 years of age. Mother died when about 34 years old of what he termed "rheumatism of the heart." She was 14 years old when she married, the father being 42.

Has three brothers and one sister, all living and well. A brother when a child, had "fainting spells," and many specialists in New York City were consulted. On the advice of a friend the child was taken to a religious order in Hoboken and cured.

Present history:—Had all the diseases of childhood, and when 9 years old had typhoid fever.

Has never been a drinking man nor has he any manifestations of specific disease.

Last July while sea-bathing, he dived from a raft and struck his head on the sea-bottom. He was taken out of the water in an unconscious condition and carried to the hotel. He remained in this state for two to three hours. There was no fracture nor any paralysis following, but the right side of the body became somewhat edematous and there was paresthesia, but he recovered in a few days. At present pressure on the vertex causes perceptible pain but no scar can be seen or felt. He does not remember ever having had any other injury to his head. Since the injury he often talks in his sleep. Being much interested in the successful campaign of his friend Senator P., he worked diligently in his behalf. He has also been much worried because of the ill health of his wife.

Friday morning, January 4, 1901, the patient after his breakfast went from his home on 52nd St., New York, down town to transact some business. He returned at about 1 P.M. to go to his home, and all that he can remember is that to save time he took an elevated train.

In the meantime, in his subconscious state, he had made a railway journey from New York City without bodily harm to himself and with his money intact. He had railway passes on all roads.

All that transpired from the time he took the elevated

train to the time he regained his normal state is an intellectual blank to him.

He was quite weak and lost strength as the result of his illness, but left Friday for his home in New York, having regained all his mental faculties.

We have heard from the patient since his return. He has had another similar attack but of shorter duration, lasting some three and one-half hours, and is going to submit to an operation for relief.